JEWISH FEDERATION OF CENTRAL MA CAMP SCHOLARSHIP FORM This scholarship is for Jewish children in the JFCM catchment area.

Camper's Name	
Date of Birth	
Grade as of Sept '26	
Father's Name	
Mother's Name	
Address	
City & Zip	
Home Phone	
Business Phone (Father)	
Business Phone (Mother)	
Parent Email	
Name of Camp Attending	
Dates Attending	
Cost of Camp	
Website of Camp	
1 st Time Camper yes/no	
(through our partnership with One	
Happy Camper we are able to offer additional funds)	
Synagogue membership yes/no	
[If yes, which one]	
Did you receive a scholarship from JFCM in the past?	
Are you or have you applied for	
scholarships elsewhere? If so, where?	
Have you received notification that	
you will receive a scholarship?	
If so, for how much?	

Please complete in full and return to JFCM via email: LThurlow@jfcm.org, or mail: JFCM, 646 Salisbury Street, Worcester, MA 01609
Any questions, please call 508-756-1543.

